

**REQUEST FOR SPECIAL SERVICES REIMBURSEMENT FOR  
STATE-PLACED STUDENT WHO IS  
NOT SPECIAL EDUCATION ELIGIBLE  
SCHOOL YEAR 2010 - 2011**

**Date:**\_\_\_\_\_

**Student's Name:**\_\_\_\_\_ **DOB:**\_\_\_\_\_

**Placing Agency:**\_\_\_\_\_ **Phone:**\_\_\_\_\_

**Agency Case Worker/Manager:**\_\_\_\_\_

**School District Making Request:**\_\_\_\_\_

**Special Education Director:**\_\_\_\_\_

**Town of Parental Residence:**\_\_\_\_\_

**Was the Request Made Prior to Expenditure of Funds as per statute?** ☐ Yes ☐ No

**If no, why not?**\_\_\_\_\_  
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**Description of the team (504 team, EST, Individual Treatment Team) with the names and roles of each participant. Must include representative of placing agency.**

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**Description of the present problem and the reason for not referring or serving the student in special education.**

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**Is this student a risk to other students or self ? If so, please describe.**

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**What has been tried and why are additional services are needed?**

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**Documentation provided (check all that apply):**

- ☐ official “risk assessments”
- ☐ psychological or psychosexual evaluations
- ☐ summaries from evaluators that provide evidence of need
- ☐ evaluations, notes from therapists or supporting letters

**Attach a written plan of services (must submit at least one):**

- ☐ 504 Plan
- ☐ Coordinated Services Plan
- ☐ Educational Support Team Plan

<b>Service</b>	<b>Beginning Date</b>	<b>Ending Date</b>	<b>Anticipated Cost</b>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
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**Mail to:**  
**Donna L. Trucksess**  
**Department of Education**  
**120 State Street**  
**Montpelier Vt. 05620**

The Commissioner will grant non- special education requests for funding as funds are available, and based on prioritization of need. No request will be processed without the documentation requested.